

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20097

Entity Name: RESOURCE MEDICAL, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

12525 WALSINGHAM ROAD
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

12525 WALSINGHAM RD.
LARGO, FL 33774 US

New Mailing Address:

FEI Number: 59-3112644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDELOF, WILLIAM H.
12525 WALSINGHAM ROAD
LARGO, FL 34644 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD TD () Delete
Name: LINDELOF, WILLIAM H.
Address: 10685 PARK PLACE DR
City-St-Zip: LARGO, FL 33778

Title: VP DS () Delete
Name: LINDELOF, JEFFREY
Address: 12746 OAK ST
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD TD (X) Change () Addition
Name: LINDELOF, WILLIAM H.
Address: 10685 PARK PLACE DR
City-St-Zip: LARGO, FL 33778

Title: VP DS (X) Change () Addition
Name: LINDELOF, JEFFREY W
Address: 12746 OAK ST
City-St-Zip: LARGO, FL 33774

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY W. LINDELOF

VP

03/25/2009

Electronic Signature of Signing Officer or Director

Date